

Injury and Violence

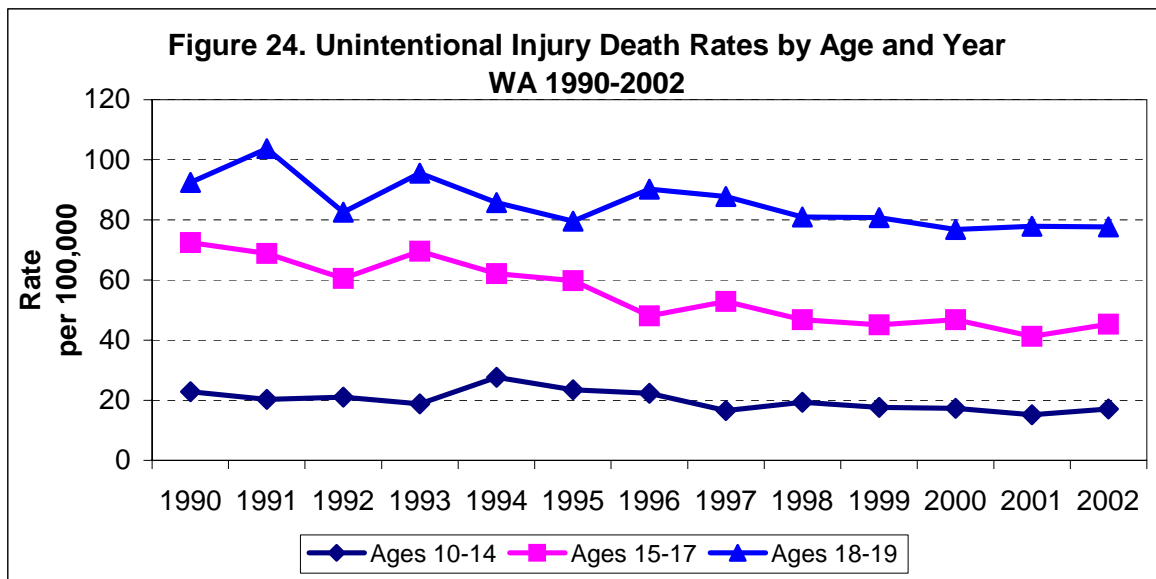
General Information

“Injuries are often called “accidents,” suggesting that they are unpredictable and unavoidable. However, research shows that the vast majority of injuries can be prevented. This is the tragedy of injury – most of the resulting deaths, disabilities, and disfigurements need not have happened. In addition to the tremendous burden of grief on families, injuries cause a significant burden on state resources in terms of costs, lost productivity, and long-term disability.”

- Washington State Childhood Injury Report, 2004

Key Findings About Adolescent Injury in Washington State

- In Washington State and nationally, injuries are the leading cause of death for children and adolescents. Each year an average of 240 youth ages 10-19 die from injuries and 2,820 are hospitalized for a nonfatal injury.¹
- **Age:** For youth ages 10-19, injury death rates increase with age with 18-19 year olds having the highest injury death rates.
- **Gender:** Washington males ages 10-19 have injury death rates 2.5 times higher and hospitalization rates 1.5 times higher than females.
- **Race/ Ethnicity** Washington’s American Indian/Alaska Native youth have higher injury death rates than children in all other racial groups.²
- **Rural-Urban Residence:** For Washington youth ages 10-19, injury death and hospitalization rates are highest among youth who live in rural areas compared to urban areas.³
- **Trend:** Unintentional injury death rates have decreased for each age group for Washington children ages 10-19 since 1990.



¹ Washington State Department of Health, Injury Prevention Program, Injury Data Tables:

http://www.doh.wa.gov/cfh/injury/data_tables/table_directory.htm

² Caution should be used in interpreting these differences due to small numbers of deaths in some racial groups.

³ Washington State Department of Health, Washington State Childhood Injury Report. Olympia, WA, 2004. Available from http://www.doh.wa.gov/cfh/injury/pubs/childhood_injury_report.htm

Source: Death Certificates

- Most injury related deaths and hospitalizations among Washington youth are unintentional. Unintentional injuries account for about 65% of the injury deaths of youth ages 10-19 and 75% of the hospitalizations.¹ Unintentional injury death rates for youth increase with age.
- The leading causes of unintentional injury deaths in Washington youth ages 10-19 are motor vehicle crashes, drownings, and poisonings.¹

Table 28. Injury Risk Behaviors

	Grade 6	Grade 8	Grade 10	Grade 12
Life Vest Use (Always) (p<0.001)	*	49.7 (47.5,52)	33.3 (31,35.6)	27.5 (25.1,30)
Bike Helmet Use (Most of the time or always) (p<0.001)	53.4 (48.7,58.1)	32.7 (28.5,37.3)	22.6 (19.4,26.1)	24.5 (21.1,28.3)
Seatbelt Use (Most of the time or always) (p<0.001) *Critical Health Objective*	96.0 (95.5,96.5)	91.7 (90.8,92.5)	92.8 (91.5,94.0)	93.9 (92.7,94.9)
Riding with Driver Who Had Been Drinking Alcohol (p<0.001) *Critical Health Objective*	*	18.5 (16.9,20.2)	23.9 (22.2,25.8)	24.5 (21.8,27.4)
Driving After Drinking Alcohol (p<0.001)	*	*	6.4 (5.7,7.3)	14.3 (12.4,16.4)

*Data not available

Source: Washington Healthy Youth Survey 2004

Occupational Injury³

- Adolescents, under the age of 18⁴ in Washington State and nationwide, are injured in the workplace at twice the rate of adults.
- Among Washington minors (11- to 17-year-olds), there are approximately 2,500 accepted worker compensation referrals to the Department of Labor & Industries each year.⁵
- Over a 16-year span, from 1988 to 2003, there were 13 work-related fatalities among Washington youth.
- Most adolescent work-related injuries occur in the retail sector while the leading cause of occupational injury fatality among Washington youth is agricultural machinery.
- Nationally, about one-third of teens that are injured at work are injured seriously enough to require treatment in an emergency room.
- Boys are injured at work about 40 percent more often than girls.

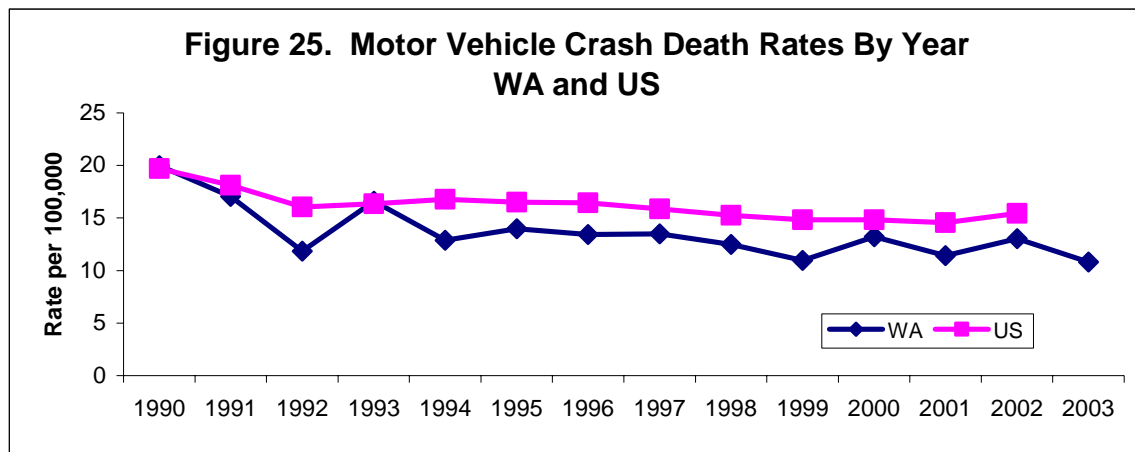
⁴ The majority are 16-17 years old, although children as young as 12 are allowed to work in some agriculture settings.

⁵ A work-related injury that requires more than first aid should be reported as a claim for industrial insurance, also known as workers' compensation, to cover costs for medical care, lost work time, or both. There are approximately 8 percent more claims that are reported to the system but are not accepted for various reasons. In addition, due to issues related to underreporting, it is estimated that claims reported to workers' compensation programs may under-represent the actual number of workplace injuries.

Motor Vehicle Crashes *Critical Health Objective***Demographics:**

Table 29. Motor Vehicle Crash Deaths Ages 10-19, WA (2001-2003) and US (2000-2002)⁶			
Characteristic	WA Number	WA Rate per 100,000 (95% CI)	US Rate per 100,000⁷ (95% CI)
Age			
Ages 10-14	30	2.3 (1.5, 3.2)	4.3
Ages 15-19	281	21.4 (19.0, 24.1)	25.9
Ages 10-19	311	11.8 (10.5, 13.2)	14.9
Ages 15-24	552	21.6 (19.8, 23.4)	27.1
		National Target (Ages 15-24): 35.6 per 100,000	
Gender			
Male	204	15.0 (13.0, 17.2)	19.2
Female	107	8.3 (6.8, 10.1)	10.4
Race			
White	264	11.6 (10.3, 13.1)	16.1
Black	10	7.8 (3.7, 14.3)	10.5
American Indian	22	36.6 (23.0, 55.4)	23.2
Asian/ PI	14	7.4 (4.1, 12.5)	7.2
Ethnicity			
Hispanic Ethnicity	56	20.3 (15.4, 26.4)	12.7
Rural- Urban Residence			
Urban	217	10.2 (8.9, 11.7)	-
Mixed Urban	29	17.7 (11.9, 25.4)	-
Large Town Rural	13	11.0 (5.9, 18.7)	-
Mixed Rural	25	16.9 (10.9, 24.9)	-
Small Town / Isolated Rural	27	31.6 (20.8, 45.9)	-

Source: Death Certificates. Rates per 100,000

Trend Data:

Source: Death Certificates

⁶ Unintentional Motor vehicle traffic deaths only. Source: Washington Death Certificate Data; Estimates generated from VISTAPhW: Years 1999-2002 combined. EPE Unit, Public Health - Seattle & King County, June 2003.

⁷ CDC Wisqars Data Website. Available at: <http://www.cdc.gov/ncipc/wisqars/>

Background:

- Reducing motor vehicle crash (MVC) deaths are one of the **21 National Critical Health objectives** for adolescents and young adults and are the leading cause of injury deaths for Washington youth.
- The Washington State Governor's Council on Substance Abuse benchmark is to reduce the percent of 10th and 12th graders riding in a vehicle with a driver who had been drinking to no more than 25%.
- Nationally in 2003, about 17% of 10th graders rarely or never wore their seatbelts compared to about 3% of Washington 10th graders in 2004.
- Nationally in 2003, about 29% of 10th graders reported they rode with a driver who had been drinking alcohol and 9% reported they drove after drinking alcohol. In Washington in 2004, 24% of 10th graders reported they rode with a driver who had been drinking alcohol and 6 % reported they drove after drinking alcohol.

Table 30. Vehicle Safety Behaviors

	Grade 6	Grade 8	Grade 10	Grade 12
Seatbelt Use (Most of the time or always) (p<0.001) *Critical Health Objective*	96.0 (95.5,96.5)	91.7 (90.8,92.5)	92.8 (91.5,94.0)	93.9 (92.7,94.9)
Riding with Driver Who Had Been Drinking Alcohol (p<0.001) *Critical Health Objective*	*	18.5 (16.9,20.2)	23.9 (22.2,25.8)	24.5 (21.8,27.4)
Driving After Drinking Alcohol (p<0.001)	*	*	6.4 (5.7,7.3)	14.3 (12.4,16.4)

*Data not available

Source: Washington Healthy Youth Survey 2004

WA Incidence: From 2001-2003, an average of 104 Washington youth ages 10-19 died in motor vehicle crashes per year for a 2001-2003 rate of 11.8 per 100,000.

U.S. Incidence: Nationally, the MVC rate from 2000-2002 for youth ages 10-19 was 14.9 per 100,000.

Trends: From 1990 to 2003, the MVC death rate for Washington youth ages 10-19 decreased significantly from 20.0 per 100,000 to 10.8 per 100,000.

Disparities: (Table 29)⁸

- **Gender:** The MVC death rate for males was 1.8 times greater than the one for females.
- **Race/ Ethnicity:** The MVC death rate was significantly higher among Washington American Indian youth compared to other groups. Caution should be used in interpreting these data due to small numbers.
- **Rural/ Urban Residence:** The MVC death rates for adolescents are significantly higher in Small Town Rural counties of the state compared to Urban counties.

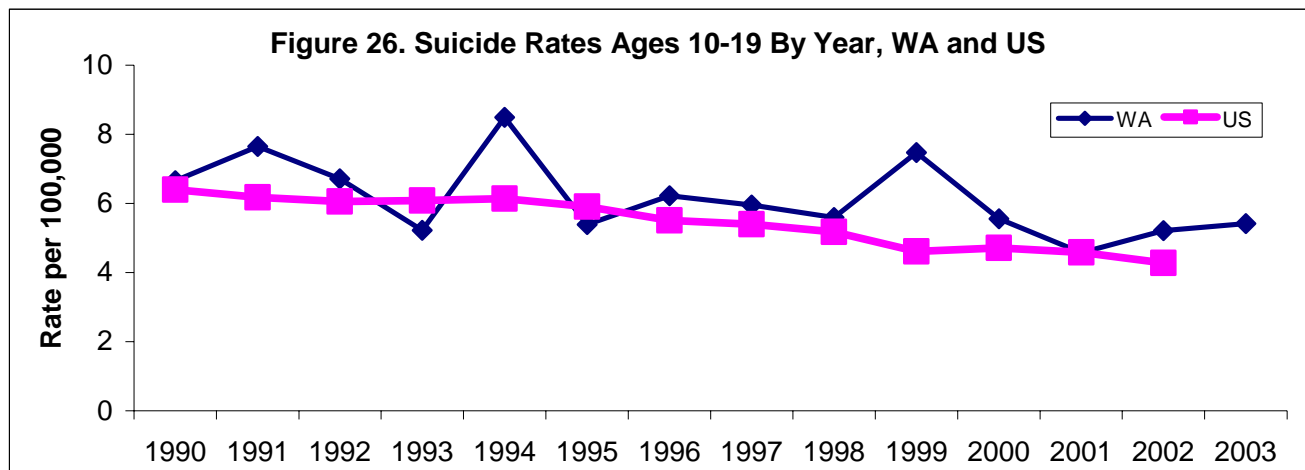
⁸ Significance based on 95% Confidence Intervals

Suicide *Critical Health Objective***Demographics:****Table 31. Youth Suicide Ages 10-19, WA (2001-2003) and US (2000-2002)⁹**

Characteristic	WA Number	WA Rate (Rate per 100,000, CI)	US Rate ¹⁰ (Rate per 100,000)	National Target
Age				
Ages 10-14	19	1.4 (0.9,2.2)	1.3	1.2
Ages 15-19	115	8.8 (7.2,10.5)	7.8	8.0
Ages 10-19	134	5.1 (4.3,6.0)	4.5	-
Gender				
Male	106	7.8 (6.4,9.4)	7.3	
Female	28	2.2 (1.5,3.2)	1.6	
Race¹¹				
White	121	5.3 (4.4,6.4)	5.2	
Black	*	-	2.9	
American Indian	*	-	11.0	
Asian/ PI	*	-	3.0	
Ethnicity				
Hispanic Ethnicity	12	4.4 (2.3,7.6)	3.2	
Rural- Urban Residence (1999-2003)¹²				
Urban	197	5.6 (4.9,6.5)	-	
Mixed Urban	10	3.7 (1.8,6.7)	-	
Large Town Rural	7	3.5 (1.4,7.2)	-	
Mixed Rural	20	8.1 (5.0,12.6)	-	
Small Town / Isolated Rural	12	8.4 (4.4,14.7)	-	

*Numbers too small to present data

Source: Death Certificates. Rates per 100,000 population

Trend Data:

Source: Death Certificates and CDC WISQARS

⁹ Washington Death Certificate Data; Estimates generated from VISTAPhW: Years 1999-2002 combined. EPE Unit, Public Health - Seattle & King County, June 2003.¹⁰ CDC Wisqars Data Website. Available at: <http://www.cdc.gov/ncipc/wisqars/>¹¹ Because of the small numbers of suicides by race and ethnicity, youth suicide rates by race for Washington are not presented here.¹² Note- Caution should be used in interpreting these due to small numbers.

Background:

- Youth suicide is one of the **21 National Critical Health objectives** for adolescents and young adults and is the second leading cause of death for Washington youth ages 15-19 after unintentional injury.
- The most common youth suicide methods in Washington were firearms (47%) and hanging (40%) while the most common methods used in suicide-attempt hospitalizations were poisoning (82%) and cuts (15%).¹³
- Most youth suicides occurred during after school hours and more than two-thirds occurred in the child's home. About 80% of the youth displayed at least one known warning sign and a third displayed three or more.^{13,14}
- In 2004, about 18% of 6th graders reported they had ever seriously thought about suicide and 6% reported they had ever tried to kill themselves (Source: Healthy Youth Survey 2004).

Table 32. Suicide-Related Behaviors			
	Grade 8	Grade 10	Grade 12
Seriously Considered Attempting Suicide in Past Year (p<0.001)	13.7 (12.8,14.6)	17.8 (16.5,19.2)	13.6 (12.2,15.1)
Made a Suicide Plan (p<0.003)	11.3 (10.5,12.3)	13.7 (12.6,14.9)	10.7 (9.2,12.5)
Attempted Suicide At Least Once in Past Year (p<0.002)	8.4 (7.6,9.3)	8.9 (8.1,9.7)	6.4 (5.5,7.5)
Suicide Attempt in Past Year Requiring Medical Assistance (p<0.003) *Critical Health Objective*	2.7 (2.1-3.3)	3.1 (2.5-3.7)	3.1 (2.3-3.9)

Source: Washington Healthy Youth Survey 2004

WA Incidence: From 2000-2002, an average of 45 Washington youth ages 10-19 committed suicide per year for a rate of 5.1 per 100,000. An average of 470 Washington youth ages 10-19 are hospitalized each year for attempted suicide-related causes.¹⁵

U.S. Incidence: Nationally, the suicide rate from 2000-2002 for youth ages 10-19 was 4.5 per 100,000.¹⁰

Trends: Although fluctuations exist, the suicide rate among Washington youth ages 10-19 has decreased significantly since 1990, decreasing an average of about 2.3% each year.

Disparities (Table 31)¹⁶

- **Gender:** Washington males 10-19 years old were about three times more likely to commit suicide compared to females of the same age.¹³
- **Race/ Ethnicity:** Nationally, youth suicide rates are highest among American Indians/ Alaska Natives and Whites.
- **Rural/ Urban:** Washington youth suicide rates are higher in rural counties although the differences are not statistically significant. Suicide rates are generally higher than the national average in the western states and lower in the eastern and midwestern states (CDC 1997).¹⁷
- **Sexual Orientation:** In a 1999 survey of Seattle public high school students, gay, lesbian, or bisexual youth were more likely than their heterosexual peers to consider and attempt suicide.¹⁸

¹³ Washington State Department of Health, Washington State Childhood Injury Report. Olympia, WA, 2004. Available from http://www.doh.wa.gov/cfh/injury/pubs/childhood_injury_report.htm. Data from 1999-2001.

¹⁴ Warning signs included previous suicide attempt; talked about suicide; recent life crisis; mental health history; a friend or relative completed suicide; ran away from home; received mental health services; intentionally hurt self previously; or engaged in life threatening behaviors.

¹⁵ Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health, Center for Health Statistics. August 2005 release.

¹⁶ Significance based on 95% Confidence Intervals

¹⁷ <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>

¹⁸ 1999 Seattle Public Schools Teen Health Survey, Harachi and Associates

Interpersonal Violence

General Information

Child abuse and neglect:

- Only a portion of child abuse is reported to Child Protective Services (CPS). In 2004, there were 45,326 accepted referrals to Washington CPS for child abuse and neglect in Washington. This includes 11,151 youth ages 12-17.¹⁹

Physical and Sexual Abuse:

- Females are about three times more likely than males to report a history of childhood sexual abuse. In 2002, about 18% of Washington women (ages 18 and over) and 6% of men reported a history of sexual abuse as a child. Males and females are equally likely to report childhood physical abuse. About 11% of women and 11% of men reported physical abuse as a child.²⁰
- In 2002, about 12% of Washington youth in the 6th grade and about 16-18 percent of youth in grades 8, 10, and 12 reported being physically abused by an adult at some point in their lives. Boys were as likely as girls to report they had been physically abused by an adult and students with disabilities were more likely to report being physically abused by an adult compared to students without disabilities.
- Homeless youth: In a 2002 study of 372 homeless youth in King County, about half of the youth (ages 12-21) reported a history of physical abuse and almost a third reported sexual abuse before they were on their own. Females had greater rates than males for sexual abuse and sexual minority youth reported greater rates for physical and sexual abuse. Parents were the most common reported perpetrators of physical abuse and non family members were cited as the primary source for sexual abuse.²¹

Rape:

- Nationally, in 2003 about 9% of students in grades 9-12 reported they had ever been physically forced to have sexual intercourse when they did not want to. The prevalence of having been forced to have sexual intercourse was higher among female (12%) than male (6%) students.²²
- In a 1999 survey of Seattle public high school students, 10% of high school females and 6% of high school males reported experiencing forced intercourse at some point in their lives.²³

¹⁹ These data represent unduplicated counts from the Washington State Department of Social and Health Services, CAMIS Referral Files, April 2005.

²⁰ Behavioral Risk Factor Surveillance System (BRFSS), Washington State Department of Health, 2002.

²¹ Tyler KA et al. Child Abuse and Negl. 2002 Dec;26 (12):1261-74

²² Youth Risk Behavioral Surveillance- 2003, MMWR, May 21, 2004/ Vol 53/ No SS-2

²³ 1999 Seattle Public Schools Teen Health Survey, Harachi and Associates

Dating Violence:

- In 2004, about 6% of Washington 8th graders, 9% of 10th graders, and 10% of 12th graders reported a boyfriend or girlfriend had limited their activities or made them feel unsafe. In 2004, about 6-8% of Washington 8th, 10th, and 12th graders reported a boyfriend or girlfriend had hit or physically hurt them in the past 12 months. Males were more likely to report being hurt than females.
- Nationally, about 9% of 9th-12th graders surveyed in 2003 reported they had been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the past year (8.8% of 10th graders and 10.1% of 12th graders).

Table 33. Interpersonal Injury Related Behaviors By Grade

	Grade 8	Grade 10	Grade 12
Boyfriend or girlfriend limited activities or made you feel unsafe in past year (p<0.001)	5.6 (4.7,6.6)	8.8 (7.7,9.9)	9.5 (8.2,10.9)
Boyfriend or girlfriend hit, slapped, or physically hurt you in past year (p<0.02)	5.5 (4.6,6.7)	7.4 (6.3,8.7)	7.9 (6.7,9.4)

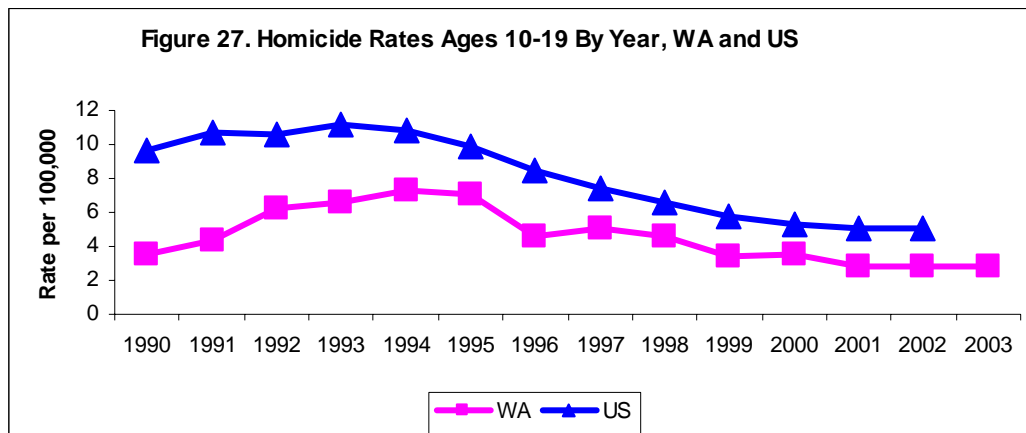
Source: WA Healthy Youth Survey 2004

Homicide *Critical Health Objective***Demographics:****Table 34. Youth Homicide Ages 10-19, WA (2001-2003) and US (2000-2002)²⁴**

Characteristic	WA Number	WA Rate (Rate per 100,000, CI)	US Rate (Rate per 100,000) ²⁵	National Target
Age				
Ages 10-14	12	0.9 (0.5,1.6)	1.0	1.2
Ages 15-19	63	4.8 (3.7,6.1)	9.4	10.4
Ages 10-19	75	2.8 (2.2,3.6)	5.1	
Gender				
Male	57	4.2 (3.2,5.4)	8.3	
Female	18	1.4 (0.8,2.2)	1.8	
Race ²⁶				
White	53	2.3 (1.8,3.1)	1.7	
Black	12	9.4 (4.8,16.3)	17.1	
American Indian	*	-	6.1	
Asian/ PI	6	3.2 (1.2,6.9)	2.7	
Ethnicity				
Hispanic Ethnicity	10	3.6 (1.7,6.7)	7.7	
Rural- Urban Residence (1999-2003)²⁷				
Urban	102	2.9 (2.4,3.5)	-	
Mixed Urban	12	4.4 (2.3,7.7)	-	
Large Town Rural	*	*	-	
Mixed Rural	11	4.5 (2.2,8.0)	-	
Small Town / Isolated Rural	6	4.2 (1.5,9.1)		

*numbers too small to present data

Source: Death Certificates. Rates per 100,000 population

Trend Data:

Source: Death Certificates

²⁴ Washington Death Certificate Data; Estimates generated from VISTAPHW: Years 1999-2002 combined. EPE Unit, Public Health - Seattle & King County, June 2003.²⁵ CDC Wisqars Data Website. Available at: <http://www.cdc.gov/ncipc/wisqars/>²⁶ Because of the small numbers of homicides by race and ethnicity, youth suicide rates by race for Washington are not presented here²⁷ Note- Caution should be used in interpreting these due to small numbers.

Background:

- Youth homicide is one of the **21 National Critical Health objectives** for adolescents and young adults.
- Homicide is the 4th leading cause of death for Washington youth ages 10-19 and the 3rd leading cause of death for Washington youth ages 15-19.

WA Incidence: From 2001-2003, an average of 25 Washington youth ages 10-19 were murdered per year for a rate of 2.8 per 100,000.

U.S. Incidence: Nationally, the homicide rate from 2000-2002 for youth ages 10-19 was 5.1 per 100,000.

Trends: Washington's homicide rate for youth ages 10-19 decreased significantly from 3.5 per 100,000 in 1990 to 2.8 per 100,000 in 2003.

Disparities: (Table 34)

- **Gender:** Washington male youth are three times as likely to be murdered as females.
- **Race/ Ethnicity:** Caution should be used in interpreting Washington youth homicide rates because of small numbers. Nationally, youth homicide rates are highest among Black and American Indians/ Alaska Native youths.

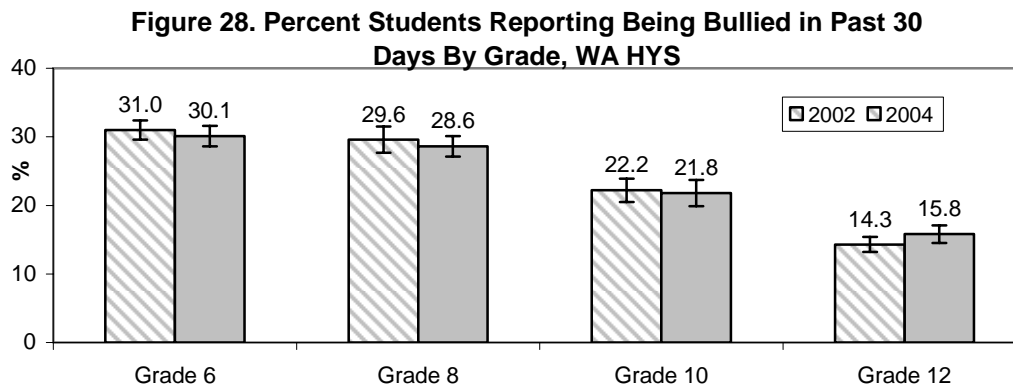
Bullying

Demographics:

Table 35. Bullied in Past 30 Days (WA HYS 2004, unless otherwise noted)	
Grade (p<0.001)	WA % (95% CI)
Grade 6	30.1 (28.6,31.6)
Grade 8	28.6 (27.1,30.1)
Grade 10	21.8 (20.0,23.8)
Grade 12	15.8 (14.5,17.1)
Gender (10th grade) (p=0.3)	
Male	21.3 (19.1,23.6)
Female	22.3 (20.2,24.5)
Race/ Ethnicity (10th grade) (p=0.3)	
White	22.2 (20.0,24.6)
Black	19.3 (14.5,25.3)
American Indian /AN	26.0 (19.6,33.6)
Asian	17.0 (14.3,20.0)
Hispanic	19.9 (14.9,26.1)
Hawaiian/ Pacific Islander	18.3 (11.8,27.3)
Other	22.4 (18.4,26.9)
More than One Race	23.5 (18.5,29.3)
Disability – 10th grade (p < 0.001)	
Disability	34.0 (30.0,38.3)
No disability	18.5 (16.5,20.7)
Rural- Urban Residence (10th grade) (p<0.001)	
Urban Core	20.1 (18.3,22.0)
Urban Rural Fringe	27.5 (23.1,32.5)
Large Town	19.7 (17.7,21.8)
Small Town / Isolated Rural	28.2 (24.8,31.9)

Source: Washington Healthy Youth Survey 2004

Trend



Source: Washington Healthy Youth Survey 2004

Background:

- Bullying is defined here as a student or group of students saying or doing nasty or unpleasant things to another student; which includes teasing a student repeatedly in a way he or she does not like but does not include two students of about the same strength quarreling or fighting.
- Harassment: In 2004, about 1 in 5 Washington students in grades 8, 10, and 12 reported they were harassed at school or on way to/ from school based on race; about 1 in 3 reported they were harassed based on sex; and about 1 in 10 reported they were harassed based on sexual orientation. About 6% reported they were harassed based on a disability.(Table 36)
- In a 1999 survey of Seattle public high school students, 49% of gay or lesbian students and 39% of bisexual students said they had been harassed at school about their sexual orientation compared to only 4% of heterosexual students.²⁸

Table 36. Harassment at school or on way to or from school

	Grade 8	Grade 10	Grade 12
Someone made offensive comments or attacked student based on race (p<0.05)	17.5 (15.6,19.7)	21.5 (19.2,23.9)	21.0 (18.5,23.9)
Someone made offensive comments or attacked student based on sex (p<0.03)	29.4 (27.1,31.7)	33.8 (31.6,36.1)	32.6 (30.1,35.3)
Someone made offensive comments or attacked student based on sexual orientation (p<0.006)	9.2 (8.0,10.6)	12.3 (10.8,14.0)	9.7 (8.4,11.3)
Someone made offensive comments or attacked student based on disability (p<0.8)	5.9 (4.9,7.0)	6.4 (5.4,7.6)	6.1 (5.3,7.1)

Source: Washington Healthy Youth Survey 2004

WA Incidence: In 2003, about 22% of 10th graders reported they were bullied in the past 30 days by other students.

U.S. Incidence: Comparable national data on bullying is not available.

Trends: The results for bullying were similar in 2002 and 2004.

Disparities:

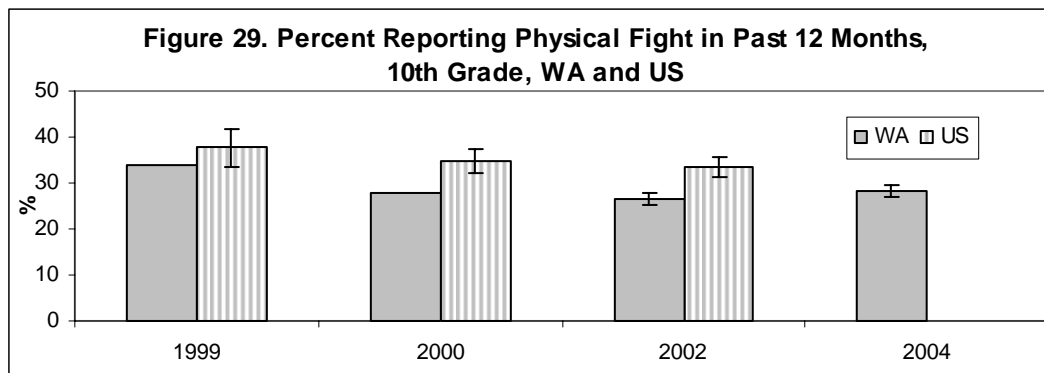
- **Grade:** Youth in 12th grade were less likely to report having been bullied in the past 30 days than youth in earlier grades (p < 0.001) (Table 35).
- **Disability:** Students with disabilities were more likely to report having been bullied in the past 30 than students without disabilities. (p < 0.001) (Table 35).
- **Rural-Urban Residence:** There were significant differences in bullying by rural or urban residence (p<0.001) (Table 35). See technical notes on p values and confidence intervals for further use of the data in Table 35.

²⁸ 1999 Seattle Public Schools Teen Health Survey Final Report, June 2000.

Physical Fighting *Critical Health Objective***Demographics:**

Table 37. At Least One Physical Fight In Past 12 Months	
Grade (p<0.001)	WA % (95% CI)
Grade 6	31.5 (29.8,33.2)
Grade 8	35.7 (34.1,37.4)
Grade 10	28.1 (26.8,29.4)
Grade 12	20.8 (19.6,22.1)
	National Target (grades 9-12): 32%
Gender (10th grade) (p<0.001)	
Male	36.6 (34.9,38.2)
Female	20.6 (19.1,22.3)
Race/ Ethnicity (10th grade) (p<0.001)	
White	25.9 (24.5,27.4)
Black	39.0 (34.3,43.9)
American Indian /AN	45.2 (37.8,52.9)
Asian	22.5 (18.5,27.1)
Hispanic	35.9 (32.1,39.8)
Hawaiian/ Pacific Islander	30.3 (22.4,39.6)
Other	29.6 (24.9,34.9)
More than One Race	32.2 (27.4,37.4)
Disability – 10th grade (p < 0.001)	
Disability	38.3 (34.6,42.2)
No disability	24.8 (23.0,26.8)
Rural Urban Residence (10th grade)(p=0.2)	
Urban Core	28.0 (26.6,29.5)
Urban Rural Fringe	25.8 (23.7,28.0)
Large Town	30.3 (24.3,37.2)
Small Town / Isolated Rural	30.5 (27.8,33.5)

Source: Washington Healthy Youth Survey 2004

Trend and National Data²⁹

Source: Washington Healthy Youth Survey 2004

²⁹ *National comparison for 2000 was YRBS 2001 and for 2002 was YRBS 2003.

Background:

- Reducing physical fighting among adolescents is one of the **21 National Critical Health** objectives for adolescents and young adults.
- About 5% of 8th graders, 7% of 10th graders, and 8% of 12th graders reported they carried a weapon like a gun or knife on school property in the past 30 days.

WA Incidence: In 2004, 28.1% of 10th graders reported that they were in at least one physical fight in the past year.

U.S. Incidence: In 2003, about 34% of 10th graders nationally reported they had been in a physical fight in the past year.³⁰

Trends: The percent of 10th grade students reporting fighting in the past 12 months has remained consistent since 2000.

Disparities:

- **Grade:** Youth in higher grades were less likely to report having been in a physical fight in the past year ($p < 0.001$) (Table 37).
- **Gender:** Males are more likely than females to report being in a fight in the past year ($p < 0.001$) (Table 37).
- **Race/ Ethnicity:** There were significant differences in reports of fighting in the past year by race/ethnicity ($p < 0.001$) (Table 37). See technical notes on p values and confidence intervals for further use of the data in Table 37.
- **Disability:** Students with disabilities were more likely to report fighting than students without disabilities. ($p < 0.001$) (Table 37).

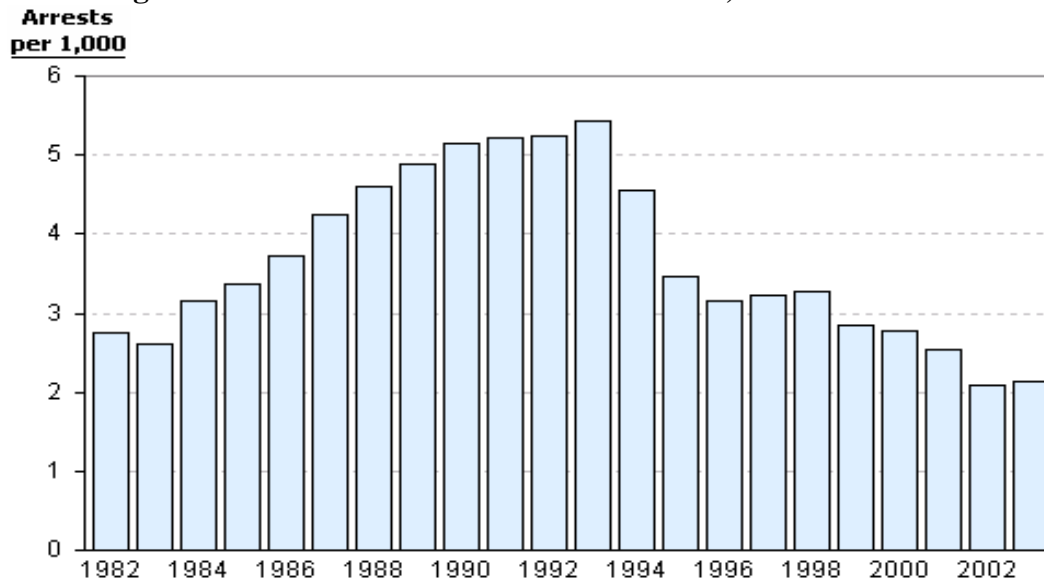
³⁰ Youth Risk Behavioral Surveillance- 2003, MMWR, May 21, 2004/ Vol 53/ No SS-2

Crime Offender Data^{31,32}**Juvenile arrests**

- In 2003, there were 38,365 Washington juvenile arrests, for an arrest rate of 54.0 per 1,000 youth ages 10-17, representing a 43% decrease from 1994.
- Violent Crime: About 4% of those arrests (1,513) were for violent crimes, for a violent offense rate of 2.1 per 1,000, a 54% decrease from 1997. The juvenile arrest rate for violent crimes rose steadily beginning in 1983 and peaked at 5.42 per 1,000 juveniles in 1993.
- About 41% of the arrests were for property crimes, 21% for drugs and alcohol, and less than 1% of the arrests were for sex offenses.
- Females accounted for about 29% of all 2003 juvenile arrests and youth of color accounted for about 15% of all 2003 juvenile arrests.

Juvenile Court Offense Referrals and Results

- In 2003, there were 44,458 cases referred to county prosecutors in 2003. About 38% were referred to diversion, 28% had charges filed, and no action was taken on 22%.
- Females accounted for 30% of the 2003 juvenile court offense referrals and youth of color accounted for 29%.
- Males were referred to a prosecutor more often than females. Females were more likely to be referred to diversion than males.

Figure 30. Juvenile Arrests for Violent Crime, WA 1982-2003³²

See Data Section on Mental Health.

**See Services Sections on Safety Net Services; Juvenile Justice Services; Access to Providers
See Services Section Maps of Acute Care Hospitals and Emergency/ Trauma Services.**

³¹ Washington State Juvenile Justice Report, 2004. Available at: <http://www.juvenilejustice.dshs.wa.gov/annualrpt.html>

³² Washington State Office of Financial Management, Washington Trends. Available at: <http://www.ofm.wa.gov/trends/index.htm>